

WEATHERIZATION ASSISTANCE PROGRAM APPLICATION CHECKLIST

Applicant Name

First Name

Last Name

Initial

Complete and submit the attached Weatherization Assistance Program Application (Form WAP-01). In addition, submit the following documents and forms with the Application. All documents and forms will be required in order to quickly process your application and determine eligibility. Furthermore, upon submittal of the application, the applicant shall have available all social security cards for each individual named on the application.

APPLICATION FORMS

- ☐ Weatherization Assistance Program Application (**FORM WAP-01**)
- ☐ Client Survey (**FORM WAP-01B**)
- ☐ Map - Directions to Residence (**FORM WAP-01C**)
- ☐ Privacy Act Information
- ☐ Utility Information Release Form (**FORM WAP-07**)

PROOF OF INCOME: All earned income information for everyone 18 years and older who resides in the household. Unearned income is counted for every member of the household.

- ☐ Paycheck stubs: If paid twice a month or every two weeks, include 2 consecutive paystubs; if paid weekly, submit paystubs for last 4 consecutive weeks.
- ☐ Pension, veteran and disability, Social Security or SSI benefits (including children benefits): copy of checks or benefit award letter.
- ☐ Rental Income: Lease for all tenants and/or rent receipts, or notarized vacancy agreement letter.
- ☐ TANF or General Assistance (welfare): Award letter

OTHER REQUIRED DOCUMENTS

- ☐ If you own your home: Proof of ownership: Copy of mortgage, tax bill, or deed.
- ☐ If you rent: Current lease agreement; Landlord Proof of ownership: Copy of mortgage, tax bill, or deed.
- ☐ Public Housing/Rental Assistance: Your Housing Authority Letter of Adjustment, Summary Application and related documents.
- ☐ Copies of electric bill (last 3 months)
- ☐ Identification - Photo ID (current within the last 6 months)
- ☐ Social Security Number cards for all occupants

To submit your completed application with the required documents or
if you have questions about the program please contact:

Lucy Kono at 646-4361 (Guam Energy Office)



WEATHERIZATION ASSISTANCE PROGRAM APPLICATION

This application is for a home Weatherization grant for low-income households. The Weatherization Assistance Program is funded by the U.S. Department of Energy. You must provide the total gross income for the period specified for all members of the household, which will be used to determine your eligibility for the program. It is illegal to obtain assistance by giving false or misleading information. You should also receive a Privacy Act statement with this application for Weatherization services.

Application Date								
Applicant First Name		Middle Initial		Last Name				
Physical Address								
Mailing Address								
Home Phone					Work Phone			
Social Security Number					Date of Birth			
Type of Dwelling <i>(Mark an X in the box that is applicable)</i>	Single Family		Multiple Family		Owner		Renter	
					Year House Built			
LANDLORD AGREEMENT	YES		NO		If yes, pls. provide agreement.			
Household Information								
First and Last Name (include all in household)	Social Security Number	ANNUAL INCOME						
		Employment	SE*	UC*	SS*	SSI*	R*	Welfare
		\$	\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$	\$
Subtotals:		\$	\$	\$	\$	\$	\$	\$
Total Household Income:		\$						
*SE=Seasonal Employment, UC=Unemployment Compensation, SS=Social Security Benefit, SSI=Supplemental Income, R=Retirement/Pension								

Household Data for All People in House	AGENCY USE ONLY
(Indicate the number of occupants that apply)	POINTS
Elderly (60 or older)	
Disabled	
Children (5 and under)	
Children (6 to 17 years)	
All others in household	
High Residential Energy User	
High Energy Burden	
Six months waiting list	
TOTAL POINTS (Points see below):	

Ethnicity			
(CHECK BELOW)			
African		Chuukese	
Caucasian		Marshallese	
Chamorro		Palauan	
Chinese		Pohnpeian	
Filipino		Yapese	
Japanese		Other (state below)	
Korean			

Points: 60 & Older=5 pts, Disabled=5 pts, Age 5 & below=3 pts, Age 6 to 17=1 pt, High Energy Burden=2 pts, High Residential Energy User=1 pt., for every 6 months on WAP waiting list=2 pts.

Income for the month before application: Income from all sources must be calculated before taxes and deductions. Proof of income must be included with application in order to be considered for weatherization.

APPLICANT CERTIFICATION

APPLICANT AGREEMENT:

1. I give permission to the administering agency or its representatives to inspect the real property I occupy in order to determine weatherization needs, and after weatherization, to verify the work and its effectiveness in meeting program goals.
2. I acknowledge that I have received a copy of the Privacy Act.
3. My signature below certifies the above information is true and correct to the best of my knowledge.

Applicant Signature

Date



WEATHERIZATION ASSISTANCE PROGRAM

CLIENT SURVEY

(to be submitted with Form WAP-01 Application)



Applicant Name _____

First Name

Last Name

Initial

1) House type: **Single** ☐ **2-Storey** ☐ **Split-Level** ☐ **Ceiling Height:** _____

2) How many bedrooms? _____

3) How many bathrooms? _____

4) How many handheld showerheads? _____

5) How many refrigerator(s) in home?

Location _____ Type _____ Cubic Feet _____

Location _____ Type _____ Cubic Feet _____

Do you own the refrigerator(s)? ☐ YES ☐ NO

6) Do you have any gas appliances? ☐ YES ☐ NO

a) If Yes, pls select type.

Type: Stove ☐ Dryer ☐ Other _____

b) Is the gas appliance(s) in an enclosed area? ☐ YES ☐ NO

7) Do you have a water heater? ☐ YES ☐ NO

a) If Yes, pls select type, how many hours per day it is turned on, and tank size.

Type: Electric ☐ Hours/day _____ Tank Size _____

Gas ☐

Other _____

b) Do you own the water heater? ☐ YES ☐ NO

c) Is the water heater in an enclosed area? ☐ YES ☐ NO

If yes, pls. state location: _____

8) Do you have window air conditioner(s)? ☐ YES ☐ NO

Location _____ Hours/day _____

Location _____ Hours/day _____

Location _____ Hours/day _____

Do you own the air conditioner(s)? ☐ YES ☐ NO

9) Do you have a split air conditioner system? ☐ YES ☐ NO

Location _____ Hours/day _____

Location _____ Hours/day _____

Location _____ Hours/day _____

Do you own the air conditioner(s)? ☐ YES ☐ NO

WEATHERIZATION ASSISTANCE PROGRAM

CLIENT SURVEY

(to be submitted with Form WAP-01 Application)



9) Do you have a central air conditioner system?

☐ YES

☐ NO

10) Do you or any household members have any health issues or medical conditions that we should be aware of prior to conducting weatherization of your home? If Yes, please explain.

☐ YES

☐ NO

11) Have you noticed mold/mildew growing on windows, walls or in corners?

☐ YES

☐ NO

If Yes, please explain:

WEATHERIZATION ASSISTANCE PROGRAM MAP

(to be submitted with Form WAP-01 Application)

Applicant Name

First Name

Initial

Last Name

DIRECTIONS TO RESIDENCE:

COMMENTS:

**Year House
Built:**



Form WAP-01C (revised 7.8.14)



PRIVACY ACT INFORMATION

Privacy Act Provisions

Under section 3(e)(3) of the Privacy Act 1974, 5 USC 552a(e)(3), each agency that maintains a system of records shall inform each individual from whom it solicits information of the authority which permits the solicitation of the information; whether disclosure is voluntary; the principal purpose for which the information is intended to be used; the routine uses which may be made of the information; and the consequences, if any, resulting from failure by the individual to provide the requested information. This statement is required by the Privacy Act to be furnished prior to the collection and use of the information requested on the application for weatherization. You may retain this statement for your records.

Program Authority

The specific authority for the maintenance of weatherization client information is sections 416 and 417 of the Energy Conservation and Production Act, Pub. L. 94-385. These sections direct the U.S. Department of Energy (DOE), which is a sponsor of this program, to monitor the effectiveness of this program, and to require a weatherization agency implementing this program to keep records for DOE monitoring.

The Guam Energy Office (GEO) Weatherization Assistance Program is the recipient of weatherization funds from DOE, and is required by 10 CFR 440 to document the eligibility of every dwelling unit weatherized and to maintain records for program monitoring and evaluation. GEO and/or its representative shall demonstrate that such records shall be kept confidential and would have been exempted from disclosure pursuant to the Freedom of Information Act (5 U.S.C. 552) if the records had belong GEO and its representative.

Voluntary Disclosure

Your responses to the request for information on the Weatherization Assistance Application, Utility Information Release form, and the Homeowner/Renter Authorization Agency Certification and Agreement form and any other required documents relating to this program are entirely voluntary. However, should you decline to provide the information requested you may not be considered for assistance.

Principal Purpose of Information

The information will be used by the local weatherization agency to implement the weatherization program. It will be used by DOE to monitor the effectiveness of the program.

I understand my information is used only to provide data for internal evaluation purposes and is held in accordance with applicable Federal, state, and local statutes.

Applicant - Print Name

Signature

Date

Agency Rep. - Print Name

Signature

Date



WEATHERIZATION ASSISTANCE PROGRAM UTILITY INFORMATION RELEASE FORM

DATE: _____

TO: GUAM POWER AUTHORITY
P.O. Box 21868
Barrigada, Guam 96921

I authorize **Guam Power Authority** to release certain information to the Guam Energy Office representative(s) and/or its representative(s) having a direct interest in the Weatherization Assistance Program. The information released will be limited to the monthly electric consumption at the residence listed below for the past twelve months from the date of this form and for the next two years. Such release will not include any information regarding customer credit, account status, or who pays for electricity used.

I understand my information is used only to provide data for internal evaluation purposes and is held in accordance with Guam Energy Office and/or their representative Confidentiality Regulations.

Name(s) on Account:

Meter Number (stated on billing): _____

Service Location (stated on billing): _____

Customers named on the account must sign below:

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Reference: JOB ID _____

Applicant Name: _____

FORM WAP-07 (Rev. 07/14)

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WEATHERIZATION ASSISTANCE PROGRAM
HOMEOWNER/RENTAL
CERTIFICATION & AUTHORIZATION FORM

I, _____, certify that I am the
Homeowner/Tenant of the property located at:

- ☐ Own
- ☐ Rent
- ☐ Single
- ☐ Duplex
- ☐ Triplex
- ☐ 4-Plex
- ☐ 5 or more units
(Not to exceed 25 units)

Apartment Name (if applicable)				Apt No.
Street Address		City	State	Zip Code
Property Description				Year Built

I/we authorize Guam Energy Office staff and/or its representatives to conduct a home energy audit on the property stated above for the purpose of installing energy saving devices.

Furthermore, I/we hereby release and pledge to hold harmless the Guam Energy Office staff and/or its representatives and its staff from any liability in connection with the weatherization work or any act or eventuality arising from this work.

Homeowner/Tenant Signature	Contact No.	Date
Authorized Representative Signature	Contact No.	Date
Landlord/Authorized Agent Signature	Contact No.	Date

APPLICABLE TO LANDLORD: I understand that the benefits of weatherization will accrue primarily to low income tenants, that no undue or excessive enhancement will occur to the value of the dwelling unit as a result of weatherization, and that the monthly rent for this property will not increase due to improvements resulting from weatherization. (10 CFR Part 440.22)

Landlord/Authorized Agent Signature	Date
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For Agency Use Only		
Must meet the following conditions at all extent possible in order to provide weatherization services to all units:		
Duplex to 4-plex Units	<input type="checkbox"/> Yes – meets 50% Income Eligibility	<input type="checkbox"/> No – Written documentation required <i>(Refer to WAP Multifamily Policy dd 5/7/12)</i>
5 or more units (Not to exceed 25 units)	<input type="checkbox"/> Yes - meets 66% Income Eligibility	<input type="checkbox"/> No – Written documentation required <i>(Refer to WAP Multifamily Policy dd 5/7/12)</i>

AUTHORIZATION TO WEATHERIZE

Note to auditor: Upon completion of the home energy audit, check below the type of measures to be installed and have the appropriate parties sign prior to installation.

I/we authorize Guam Energy Office staff and/or its representatives to install the following measures checked below on the property stated above:

- ☐ Low-Flow Showerheads and Faucet Aerators
- ☐ Compact Fluorescent Light Bulbs (CFLs)
- ☐ Air Conditioner(s)
- ☐ Heat Pump Water Heater
- ☐ Solar Water Heater
- ☐ Refrigerator
- ☐ Water Heater Timer
- ☐ Carbon Monoxide Detector
- ☐ Smoke Detector(s)
- ☐ Other: _____
(e.g., energy savings power strips)

Comment: _____

_____	_____
Homeowner/Tenant Signature	Date
_____	_____
Authorized Representative Signature	Date
_____	_____
Landlord/Authorized Agent Signature	Date

REFUSAL TO WEATHERIZE

Note to auditor: Upon completion of the home energy audit, check below the type of measures that will not be installed and have the appropriate parties sign.

Property Owners Waiver*: I/we refused the following measures:

- ☐ Low-Flow Showerheads and Faucet Aerators
- ☐ Compact Fluorescent Light Bulbs (CFLs)
- ☐ Air Conditioner(s)
- ☐ Heat Pump Water Heater
- ☐ Solar Water Heater
- ☐ Refrigerator
- ☐ Water Heater Timer
- ☐ Carbon Monoxide Detector
- ☐ Smoke Detector(s)
- ☐ Other: _____
(e.g., energy savings power strips)

Comment: _____

I/we understand that I/we will not be eligible for the aforementioned measures in the future once the dwelling has been weatherized.

* Guam Energy Office strongly recommends installation of the measures summarized to you by our staff or contractor. A refusal of any one of the above measures does not constitute refusal of all weatherization services.

_____	_____
Homeowner/Tenant Signature	Date
_____	_____
Authorized Representative Signature	Date
_____	_____
Landlord/Authorized Agent Signature	Date

Reference: JOB ID _____